

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/27/03
2	✓	J	✓
3	✓	J	✓
4	J	✓	✓
5	✓	J	✓
6	J	✓	✓
7	J	✓	✓
8	✓	J	✓
9	✓	J	✓
10	✓	J	✓
11	✓	J	✓
12	J	✓	✓
13	J	✓	✓
14	J	✓	✓
15	✓	J	✓
16	✓	J	✓
17	J	✓	✓
18	J	✓	✓
19	J	✓	✓
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26	J	✓	✓
27	J	✓	✓
28	J	✓	✓
29	✓	J	✓
30	✓	J	✓
31	J	✓	✓
32	J	✓	✓
33	J	✓	✓
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35	J	✓	✓
36	J	✓	✓
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43	J	✓	✓
44	J	✓	✓
45	J	✓	✓
46	J	✓	✓
47	J	✓	✓
48	J	✓	✓
49	J	✓	✓
50	J	✓	✓

Claim	Final	Original	Date
51	✓	J	9/6/04
52	✓	J	9/6/04
53	✓	J	9/6/04
54	J	✓	9/6/04
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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